Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Incident and Death Response System

Guidelines for Provider Response and Reporting
Using Form QM02

NC Department of Health and Human Services

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FORM QM02 GENERAL INSTRUCTIONS

Purpose

The purpose of the **DHHS Incident and Death Report** (DMH/DD/SAS Form QM02) is to ensure that serious adverse events involving persons receiving publicly-funded mental health, developmental disabilities, and/or substance abuse (mh/dd/sa) services are addressed quickly and analyzed for ways to prevent future occurrences and improve the service system. Effective October 1, 2004, this form replaces the **Critical Incident and Death Reporting Form** (QM01) that was used for reporting incidents pursuant to the temporary rules for S.B.163, and the **Report of Death to DHHS Form** (rev. 8/10/00) for reporting deaths from unnatural causes to DHHS, pursuant to G.S. 122C-31.

Who must submit the form

Providers of publicly funded services licensed under NC General Statutes 122C, except hospitals, (Category A providers) and providers of publicly funded non-licensed periodic or community-based mh/dd/sa services (Category B providers) must submit the form. Failure to do so, as required by North Carolina Administrative Code 10A NCAC 27G .0600, may result in DHHS taking administrative action against the provider's license or authorization to provide services. Hospitals and providers of services licensed under G.S. 131D or G.S. 131E (Category C providers) and individuals certified or licensed in North Carolina to provide only outpatient or day services (Category D providers) are not required to submit this form.

Note: All opioid treatment providers are required to submit this form to the Division of MH/DD/SA Services, regardless of whether the services are publicly funded or not. If publicly-funded, they are also required to follow the reporting requirements for other Category A providers.

Confidentiality

All incident reports are confidential quality assurance documents, protected by G.S. 122C-30, G.S. 122C-31, G.S. 122C-191, and G.S. 122C-192. Do not file incident reports in the individual's service record. Use this form according to confidentiality requirements in NC General Statutes and Administrative Code and in the Code of Federal Regulations:

- NC General Statutes 122C-52 through 56 and Administrative Code 10A NCAC 26B
- Federal regulations 42 CFR Part 2 and 45 CFR Parts 160 and 164. Approved use of this form is permitted under the audit or evaluation exception of 42 CFR Part 2.53, which allows disclosure of information without the individual's consent. Re-disclosure of information is explicitly prohibited except as provided in 42 CFR Part 2.

What/where to file

Report any adverse event that is not consistent with the routine operation of a facility or service or the routine care of a consumer. There are three levels of response to incidents, based on the potential or actual severity of the event. Appendix A at the end of this document defines incidents at each level in detail and describes the reporting responsibilities for each level of incident. This information is also summarized on page 4 of the form. The criteria for determining these levels are outlined in Table 1 below and on pages 5-6 of the form.

Table 1: Criteria for Determining Level of Response to Incidents

	EVENT	LEVEL I	LEVEL II	LEVEL III	EXCEPTIONS
CONSUMER DEATH	Consumer Death	----------	Due to: - Terminal illness or other natural cause - Unknown cause	Due to: - Suicide - Violence / homicide - Accident Or occurring: - Within 7 days of seclusion or restraint	• Providers of non-residential services should report as soon as they learn of death. • Level III review within 24 hours needed only if actively engaged in providing service at time of death.
RESTRICTIVE INTERVENTION	Seclusion Isolated time-out Restraint	Any planned use administered appropriately and without discomfort, complaint, or injury	1. Any emergency, unplanned use OR 2. Any planned use that exceeds authorized limits, is administered by an unauthorized person, results in discomfort or complaint, or requires treatment by a licensed health professional	Any restrictive intervention that results in permanent physical or psychological impairment within 7 days	Providers will submit aggregate numbers of Level I restrictive interventions to the host LME quarterly. See page 10 below for details.
CONSUMER INJURY	Due to: - Aggressive behavior - Self-harm - Trip or fall - Auto accident - Other / unknown cause	Any injury that requires only first aid, as defined by OSHA guidelines in Appendix B *(regardless of who provides the treatment)*	Any injury that requires treatment by a licensed health professional *(such as MD, RN, or LPN)* beyond first aid, as defined by OSHA guidelines in Appendix B	Any injury that results in permanent physical or psychological impairment	Providers of non-residential services should report Level II incidents only if actively engaged in providing service at time of incident
ABUSE	Abuse of consumer Neglect of consumer Exploitation of consumer	----------	Any allegation of abuse, neglect or exploitation of an individual by staff or other adult, including inappropriate touching or sexual behavior	Any allegation of abuse, neglect or exploitation of an individual that involves permanent physical or psychological impairment, or arrest	• Providers of non-residential services should report as soon as they learn of allegation. • Review of Level III incidents within 24 hours needed only if actively engaged in providing service at time of alleged incident.
MEDICATION ERROR	Wrong dose Wrong medication Wrong time (over 1 hr. from prescribed time) Missed dose or medication refusal	Any error that does not threaten the individual's health or safety *(as determined by the physician or pharmacist notified of the error)*	Any error that threatens the individual's health or safety *(as determined by the physician or pharmacist notified of the error)*	Any error that results in permanent physical or psychological impairment	• Providers of periodic services should report errors for individuals who self-administer medications as soon as learning of the incident. • Review of Level III incidents within 24 hours needed only if actively providing service at time of incident. • All providers will submit aggregate numbers of Level I medication errors to the host LME quarterly. See page 10 below for details.
		NOTE: Report all drug administration errors and adverse drug reactions to a physician or pharmacist immediately, as required by 10A NCAC 27G .0209(h).			

	EVENT	LEVEL I	LEVEL II	LEVEL III	EXCEPTIONS
CONSUMER BEHAVIOR	Suicidal behavior	Any suicidal threat or verbalization that indicates new, different or increased behavior	Any suicide attempt	Any suicide attempt that results in permanent physical or psychological impairment	Do not report previous suicide attempts by persons seeking services through the LME Access unit or for whom inpatient commitment is being sought.
	Sexual behavior	Inappropriate sexual behavior that does not involve a report to law enforcement or complaint to an oversight agency.	Any sexual behavior that involves a report to law enforcement, complaint to an oversight agency, or a potentially serious threat to the health or safety of self or others.	Any sexual behavior that results in death, permanent physical or psychological impairment, arrest of the consumer, or public scrutiny *(as determined by the host LME)*	----------
	Consumer act	Any aggressive or destructive act that does not involve a report to law enforcement or complaint to an oversight agency.	Any aggressive or destructive act that involves a report to law enforcement, complaint to an oversight agency, or a potentially serious threat to the health or safety of self or others.	Any aggressive or destructive act reported to law enforcement or an oversight agency that results in death, permanent physical or psychological impairment, or public scrutiny *(as determined by the host LME)*	----------
	Consumer absence	Any absence of 0 to 3 hours over the time specified in the service plan, if police contact is not required.	Any absence greater than 3 hours over the time specified in the individual's service plan or any absence that requires police contact.	----------	Report absences of competent adult individuals receiving non-residential services <u>only</u> if police contact is required.
OTHER	Suspension from services Expulsion from services	Any provider withdrawal of services for less than one day due to consumer misconduct	Any provider withdrawal of services for one day or more due to consumer misconduct	----------	----------
	Fire	Any fire with no threat to the health or safety of consumers or others	Any fires that threatens the health or safety of consumers or others	Any fire that results in permanent physical or psychological impairment or public scrutiny *(as determined by the host LME)*	----------
	Search and seizure	Any	----------	----------	All providers will submit aggregate numbers of searches and seizures to the host LME quarterly. See page 10 below for details.
	Confidentiality breach	Any	----------	----------	----------

- **Document all Level I, II and III incidents** (as defined in Table 1 above) and analyze as part of your quality assurance and improvement processes. **<u>Note</u>:** Level I incidents may be documented on your agency's internal form. Level II and III incidents must be documented on form QM02. All incident reports are protected quality assurance documents and should not be filed in the individual's service record.
- **Report all Level II or III incidents that occur while the individual is under your care.** Individuals receiving residential or ACT Team services are considered under the provider's care 24

hours a day. Individuals receiving crisis services, day services, or periodic services are considered under the provider's care while a staff person is actively engaged in providing a billable service.

Exception: Providers of crisis, day, and periodic services should report all deaths and errors in self-administration of medications upon learning of the incident, even if it did not happen while under the provider's care. They should also report all other Level III incidents and any allegations of abuse/neglect/exploitation to the host LME verbally. This is required for purposes of communication and timely response only and is not considered an admission of culpability. The LME will determine whether a written report is needed.

- **Report all Level II incidents** to:
  (a) The Host LME[1] and, if required by contract or memorandum of understanding, to the individual's home LME[2] **and**
  (b) **For opioid treatment providers only**, also report Level II incidents to the DMH/DD/SAS Quality Management Team at the address in (a) below. This includes providers funded solely with non-public funds.
- **Report all Level III incidents, including reportable deaths** to:
  (a) NC Division of MH/DD/SAS, Quality Management Team, 3004 Mail Service Center, Raleigh, NC 27699-3004, Fax: (919) 715-3604, Voice: (919) 733-0696, **and**
  (b) The Host LME and to the individual's home LME.
  (c) **For 122C-licensed facilities only**, also report all deaths from suicide, accident, homicide, or other violence and deaths occurring within 7 days of seclusion or restraint to the NC Division of Facility Services (DFS), Complaint Intake Unit, 2711 Mail Service Center, Raleigh, NC 27699-2711, Fax: (919) 715-7724, Voice: (800) 624-3004.

  Note: If the cause of death is initially unknown and later determined to be a result of suicide, accident, homicide or other violence or occurs within 7 days of seclusion or restraint, file a Level III incident/death report as outlined above within 72 hours of receiving the additional information on the cause of death.
- **Report suspected or alleged cases of abuse, neglect or exploitation** of a juvenile or disabled adult, pursuant to G.S. 108A Article 6, G.S. 7B Article 3 and 10A NCAC 27G .0610.
  (a) To the county Department of Social Services in which the suspected activity occurred, if the activity involves a parent, guardian, or caretaker,
  (b) To the DFS Healthcare Personnel Registry, if the activity involves healthcare personnel,
  (c) To the host LME using Form QM02, and, if required by contract or memorandum of understanding, to the individual's home LME, **and**
  (d) If a Level III incident is involved, to the home LME and to the DMH/DD/SAS Quality Management Team using Form QM02.
- **Complete all required sections** of the form for Level II and III incidents. If the incident occurred when the individual was not under your active care, give a much information as is known.

[1] The host LME is the local management entity responsible for the geographic area where the person is being served.

[2] The home LME is the local management entity responsible for the geographic area of the person's legal residence.

Page 1-2: The staff person most knowledgeable of the incident should complete and sign.

Page 3: The staff person's supervisor should complete and sign this page and submit the form to the appropriate agencies.

Page 4: This page is included as an optional method of tracking the incident. Leave Page 4 blank when submitting the form to the appropriate oversight agencies. The provider agency or any oversight agency may later use this page for internal tracking purposes.

- **For Level II and III use of restrictive interventions, attach the Restrictive Intervention Details Report (QM04)** or a form with comparable information. **Note**: The Restrictive Intervention Details Report or the comparable form should be filed in the individual's service record as documentation of the use of the intervention. However, do not file the DHHS Incident and Death Report in the individual's record, as this is a quality assurance document.

When to file

Table 2. Reporting Timelines

Type of Incident	Report to Host LME	Report to Home LME	Report to DMH/ DD/SAS *(all providers)*	Report to DFS *(122C-Licensed providers only)*
Level II incident (including death from natural or unknown cause)	Written report within 72 hours	If required by contract	No report	No report
Level III incident (other than death)	Verbal report immediately Written report within 72 hours	Verbal report immediately Written report within 72 hours	Written report within 72 hours	No report
Death from suicide, accident, homicide or other violence				Written report within 72 hours
Death within 7 days of seclusion or restraint	Written report immediately	Written report immediately	Written report immediately	Written report immediately

How to file

Forms may be submitted by mail, fax, or *secure* email. **Note**: Due to confidentiality regulations, only forms that are encrypted or password-protected may be submitted by email. You may complete the form in one of the following ways:

- ***Electronically***: The form is a Word document that can be completed on your computer. *Before filling out the form*, save the document with another name in order to protect your master copy of the form. After completing the form, print and submit it to the proper agencies. **Note**: The location of injuries cannot be marked on the figure drawings electronically, but may be marked manually after printing the completed form. If transmitting the form via secure email, describe the location of injuries in the text instead of using the figure drawings.

- ***Manually***: Print the blank form and type or write in the answers, making sure your answers are legible. Submit the form to the proper agencies.

- The form is available at: http://www.dhhs.state.nc.us/mhddsas/manuals/index.htm#Forms

FORM QM02 SPECIFIC INSTRUCTIONS – Pages 1 & 2

The staff person most knowledgeable about the incident should complete the first two pages of the report as soon as possible after learning of the incident. That person should then sign the bottom of page 2 and give the report to his/her supervisor.

Header Information

Provide the name of the provider agency and the consumer's name social security number on the top of each page.

Consumer Information

Provide all information requested. Please note the following:

1. ***All mh/dd/sa diagnoses:*** Diagnoses should include both admitting and current diagnoses for which the individual is receiving mh/dd/sa services. Enter diagnoses using descriptive terms rather than diagnostic codes. The purpose of this information is to aid the incident review staff in determining the appropriate response needed. Please be as accurate as possible.

Description of Incident

Providers using their own standardized *accident/injury form* may attach that form in lieu of answering this section, as long as all of the information below is included on the form.

1. ***Location:*** Check the box that indicates where the incident occurred. If the location does not fit one of the defined categories, check "*Other*" and provide a short description of the location (for example, *hospital*).

2. ***Other People Involved:*** Include the names of people actively causing, injured by, witnessing, and/or responding to the incident. Check the relation of each person to the individual. If more than 5 people were involved, include others on an additional sheet of paper or in the narrative description of the incident.

3. ***Name and Title of First Person to Learn of the Incident:*** This may not always be the same person that is completing and signing pages 1-3 of the incident report form.

4. ***Under the Care of the Reporting Provider:*** If you or your staff were actively engaged in providing a billable service to the individual at the time of the incident, answer "Yes." The purpose of this question is to assist in determining the level of response and reporting required. **Note to** Crisis, Day, and **Periodic Service Providers:** See specific types of incidents for further guidance on when an individual is considered under your care.

5. ***Treatment:*** Include treatment by any licensed healthcare professional, including nurses (RN or LPN). Also include visits to a hospital emergency room here.

6. ***Hospitalization:*** Do not include visits to a hospital emergency room, if the person is treated and released.

7. ***Description:*** Provide a detailed description of the incident, including:

   (a) Who was involved: The initials of each person listed in (2) above can be used in the narrative to describe the incident.

(b) What happened: Provide as much detail as possible, including any injuries and/or property damage. Note on the figure drawings the location of any bruises, cuts, scratches, injuries, or other marks on the individual that resulted from the incident. **Note:** If completing the report by electronic means, see the "How to File" section on Page 5 for details on how to mark the location of injuries.

(c) Why it happened: Include any actions or circumstances that led up to the incident, contributed to it, or appear to have caused it.

(d) Other relevant information: Include any information that can help resolve the incident and prevent future incidents of a similar nature.

Attach extra pages, labeled Description of Incident, if necessary to provide an accurate account of the incident.

Type of Incident

Complete each section that is applicable to the incident. Note that within each section, you will be asked to check either *only one* box or *all that apply.* Please note the following:

1. ***Death:*** Complete this section whenever you become aware of a consumer's death, even if the death occurred while the individual was not under your care. Check only one cause of death. The purpose is to ensure that all local and state agencies are aware of consumer deaths and work to eliminate preventable deaths.

2. ***Reportable Death:*** Complete this section if the death is:

   - due to suicide, accident, homicide or other violence or
   - occurs within 7 days of restraint or seclusion of the individual

   See additional reporting requirements under the *What/Where to File* section (page 4 above). Note the following:

   (a) Address where the individual died: Write "unknown" if the death occurred when the individual was not under your care and you do not know the address.

   (b) Physical illnesses / conditions: Use descriptive terms to list all known illnesses and conditions that were diagnosed by a physician prior to the individual's death, regardless of whether or not they contributed to the death.

   (c) Weight & height: Give the closest estimate possible. Check "Unknown" only if the death occurred while the individual was not under your care.

3. ***Restrictive Intervention***: Report any restrictive intervention that is:

   (a) used in an unplanned, emergency situation (i.e., not part of the individual's service plan);

   (b) planned, but administered improperly or without proper authorization, by staff without proper training, or for longer than the authorized time; or

   (c) planned, but resulting in discomfort, complaint, or injury requiring treatment by a licensed health professional.

   Please note the following:

   (a) Type(s) of intervention: If more than one intervention is used, number in order of use.

(b) Appropriate administration: Answer "Yes," if the restrictive intervention is administered by a person without current training certification, for more than the authorized time, and/or in an unauthorized manner.

(c) Discomfort, complaint, or injury: If the individual requires treatment, beyond first aid, by a licensed health professional due to discomfort, complaint or injury, or if anyone alleges abuse of the individual, answer "Yes."

Note: The **Restrictive Intervention Details Report (QM04)** or a form with comparable information should be attached to any Level II or III incident report involving restrictive intervention. Form QM04 or a comparable form should be filed in the individual's service record as documentation of the use of the intervention. However, do not file the DHHS Incident and Death Report in the individual's record, as this is a protected quality assurance document.

4. ***Injury:*** Complete this section whenever a consumer is injured seriously enough to require treatment by a licensed health professional. First aid given by a licensed health professional should be considered a Level I incident and does not need to be reported outside of the provider agency. Use the federal Occupational Safety and Health Administration's guidelines [29 CFR 1904.7(b)(5)(ii)] in Appendix B to distinguish between injuries requiring first aid and those requiring treatment by a health professional.

5. ***Abuse, Neglect or Exploitation:*** Complete this section for any situation in which someone alleges, or you suspect, that a consumer has been abused, neglected or exploited. Check as many boxes in this section as applicable. **Note**: Any alleged or suspected case of abuse by a parent, guardian or caretaker must be reported to the county Department of Social Services. Any alleged or suspected case of abuse by healthcare personnel must also be reported to the DFS Healthcare Personnel Registry.

6. ***Medication Error:*** Report only those medication errors that threaten the consumer's health or safety. If in doubt, the physician or pharmacist to whom the error is reported should determine the level of threat caused by the error. [A physician or pharmacist should be notified of any medication error, as required by 10A NCAC 27G .0209(h).] If a physician or pharmacist cannot be contacted, report the error as a Level II incident. If the physician or pharmacist contacted indicates that the error does not threaten the consumer's health or safety, document the error as a Level I incident. The Level I documentation should indicate the type of error, name of the physician or pharmacist consulted, their statement about the error, the date and time of the contact, and the name of the person making the contact.

   Note: Report Level II or III errors in self-administration of medications within 72 hours of learning of the incident, even if it did not happen while actively engaged in providing services.

   Report the following errors as necessary:

   (a) Wrong dosage – Any dosage of a medication that does not follow the prescribed order

   (b) Wrong medication – Any incorrect or expired prescription medication administered to a consumer

   (c) Wrong time – Any dosage of a medication not given to a consumer within one hour of the prescribed time

   (d) Missed dosage – Any dosage of a medication not given to a consumer, including missed dosages due to the individual's refusal to take the medication

7. ***Suicide Attempt:*** Report any suicide attempt, except when the individual is seeking services through an LME Access unit or when inpatient commitment is being sought for the individual.

8. ***Other Consumer Behavior:*** Report any sexual, aggressive, or destructive behavior that involves a report to law enforcement, a complaint to an oversight agency, including any LME, DSS, DFS or DMH/DD/SAS, or a potentially serious threat to the health or safety of self or others.

   Note to providers of day and periodic services: Report to the LME any consumer acts that are reported to law enforcement in any of the following situations:
   - if the incident occurs when you are actively engaged in providing services, or
   - if the incident is related to the reason the individual is in treatment, or
   - when you learn of the legal involvement of the individual.

   For consumer sexual behavior, behavior between two competent, consenting adults or sexual behavior authorized by the guardian of an adult is only considered a Level II incident if it occurs in an inappropriate setting (for example, a public area).

   For consumer absences, use the individual's age, competency, and service plan as a guide to determining the amount of unsupervised time allowed before considering an individual absent. **Note**: "Public scrutiny" is determined by the host LME as the potential for the incident to undermine the public's confidence in the service system. If the incident meets no other Level III criteria (see Table 1), treat it as a Level II incident. The LME will inform you if you need to submit the report to DHHS as a Level III incident due to public scrutiny concerns.

9. ***Other Incident:*** Complete this section whenever a consumer (1) is suspended or expelled from services or (2) faces a threat to health or safety due to a fire in the provider's facility. Check only one box in this section. For suspensions of an individual from services, check the box and also enter the length of the suspension. **Note**: "Public scrutiny" is determined by the host LME as the potential for the incident to undermine the public's confidence in the service system. If the incident meets no other Level III criteria (see Table 1), treat it as a Level II incident. The LME will inform you if it needs you to submit the report to DHHS as a Level III incident due to public scrutiny concerns.

FORM QM02 SPECIFIC INSTRUCTIONS – Page 3

This page is to be completed by the supervisor of the staff persons who were caring for the individual at the time of the incident. The supervisor should determine the level of response and reporting necessary and submit the report to the appropriate agencies as warranted. If the incident occurred when the individual was not under the reporting provider's care, give as much information as is known.

Provider Information

Complete this entire section. Please note the following:

1. ***Provider Tax ID or Social Security Number:*** Enter the number the provider agency uses to report tax information to the federal government.

2. ***Service being provided:*** If the individual was under the provider's care at the time of the incident, check whether the service being provided was residential or non-residential. If the service was non-residential, give a brief description of the type of service being provided. If the individual was not actively receiving services at the time of the incident, check "N/A."

3. ***License number:*** If the service provided by the provider is licensed under G.S. 122-C, check "Yes" and enter the MHL number. **Note**: Licensed providers must report Level III deaths to the DFS Complaint Intake Unit, in addition to other reporting requirements.

Level of Incident

Using the criteria in Table 1 above, determine the incident level and the response needed. Use this information to document and report the incident as indicated in Table 2 above and to determine other requirements for response, as outlined in Appendix B.

Provider Response

Note: if the incident occurred while the individual was not under the your agency's care, leave this section blank, unless the incident is related to the reason the individual is receiving your services and/or you have suggestions for preventing future incidents of a similar nature.

1. ***Cause:*** Describe what steps you have taken so far to determine why the incident occurred and what you have discovered. If your review is not complete, give an estimation of further steps that are needed. Attach extra pages, titled *Provider Response* if necessary.

2. ***Corrective Measures:*** Provide a short description of actions that you have taken to prevent future incidents of a similar nature. Include the name(s) of the staff who will be responsible for implementing and overseeing the corrective measures. If corrective measures are planned, but not yet implemented, include a projected date of implementation. Attach extra pages, titled *Corrective Measures* if necessary.

Other Authorities or Persons Notified

Check the box beside any individuals or agencies that have been notified of the incident. Specify the names of the host and home LMEs, the DSS county and a description of any other person/agency notified (for example, "school"). Include contact name, phone number, and date of the notification.

FORM QM02 SPECIFIC INSTRUCTIONS – Page 4

This page should be left blank when submitting the report to local or state oversight agencies. It may be used later for tracking your internal response to the incident and any response from oversight agencies.

QUARTERLY REPORTING OF LEVEL I INCIDENTS

Providers are required to report aggregate information on Level I incidents involving restrictive interventions, medication errors, and searches and seizures to the host LME quarterly, using a form provided by the DHHS.

When to report

The quarterly reports must be submitted by the 20th of the month following the end of the quarter, so that:

Information on incidents in:	**Is due:**
First quarter (July-September)	October 20th
Second quarter (October-December)	January 20th
Third quarter (January-March)	April 20th
Fourth quarter (April-June)	July 20th

Note: The first quarter report for July-September, 2004 has been waived. The next quarterly report will be due on January 20, 2005 and should include aggregate information on second quarter incidents.

What / where to report

Aggregate information on Level I restrictive interventions, medication errors, and searches/seizures should be collected and reported to the host LME. For each type of incident, report:

(1) the total number of incidents,

(2) the total number of consumers who were involved,

(2) the average number of incidents per consumer,

(3) the highest number of incidents for any one consumer,

(4) patterns and/or trends you have found in your internal QI process (e.g. high numbers of incidents during shift changes), and

(5) how you are addressing any problems you have found in those patterns or trends.

Note: The standardized form and instructions for quarterly reporting are under development. They will be available to LMEs and providers in late 2004 for use in reporting second quarter (October – December) information in January 2005.

REVIEW OF LEVEL III INCIDENTS

All providers are required to conduct a peer review of Level III incidents, beginning within 24 hours of the incident.

Note: Guidelines for review of Level III incidents are under development and will be distributed by memo in late 2004. Until that time, please refer to 10A NCAC 27G .0603 for details.

Direct any questions to:

DMH/DD/SAS Accountability Team - Phone: (919) 881-2446 FAX: (919) 881-2451
DMH/DD/SAS Quality Management Team - Phone: (919) 733-0696 FAX: (919) 715-3604
or
ContactDMHQuality@ncmail.net

Appendix A: GLOSSARY

Incident: An "incident," as defined in 10A NCAC 27G .0103(b)(32), is " any happening which is not consistent with the routine operation of a facility or service or the routine care of a consumer and that is likely to lead to adverse effects upon a consumer." Some variation in reporting requirements occurs due to differences in the types of services being provided to or sought by the individual. There are three levels of response to incidents, based on the potential or actual severity of the event. The criteria for determining these levels is outlined in Table 1.

- ***Level I*** includes any incident, as defined above, that does not meet the definition of a Level II or III incident. Level I incidents are events that, in isolated numbers, do not significantly threaten the health or safety of an individual, but could indicate systematic problems if they occur frequently. Level I incidents ***may signal a need for the provider to review its clinical care and practices,*** including supervision and training. These incidents require communication among the provider's staff, documentation of the incident, and report to other authorities as required by law. In addition, aggregate information on Level I incidents involving restrictive interventions, medication errors, and searches/seizures must be reported to the host LME, according to guidelines provided by DHHS.
- ***Level II*** includes any incident, as defined in 10A NCAC 27G .0602, that involves a threat to a consumer's health or safety or a threat to the health or safety of others due to consumer behavior. Level II incidents ***may signal a need for the LME to review the provider's clinical care and practices and the LME's service management processes***, including service coordination, service oversight, and technical assistance for providers. These incidents require communication between the provider and LME, documentation of the incident, and report to the LME and other authorities as required by law.
- ***Level III*** includes any incident, as defined in 10A NCAC 27G .0602, that results in (1) a death or permanent physical or psychological impairment to a consumer, (2) a death or permanent physical or psychological impairment caused by a consumer, or (3) a threat to public safety caused by a consumer. Level III incidents ***signal a need for the DHHS and LME to review the local and state service provision and management system***, including coordination, technical assistance and oversight. These incidents require communication among the provider, LME and DHHS, documentation of the incident, and report to the LME, DHHS and other authorities as required by law. Level III incidents also require a formal peer review process to be initiated by the provider within 24 hours of the incident, according to guidelines provided by DHHS.

Reports to law enforcement: For the purposes of the DHHS incident system, this includes reports to police, sheriff departments, and magistrates of destructive, aggressive, or potentially dangerous acts by consumers, including self-endangerment. Do not include reports related to a consumer's violation of a probation judgment.

Searches & seizures: Searches include both body checks (for bruises or other marks) and searches of an individual's possessions and personal space. All searches and seizures are considered as Level I incidents and must be documented in accordance with the provider's policies and procedures, as required by the Client Rights Rules in 10A NCAC 27D .0103.

Under the care of: Individuals are generally considered under the care and control of a provider when actively engaged in a billable service. Refer to the **"Exceptions"** in Table 1 and **"Notes to Crisis, Day, and Periodic Service Providers"** in the instructions for additional guidance on responsibilities for incident response when not actively engaged in service provision.

Appendix B: INCIDENT RESPONSE OVERVIEW

Note: All incidents at each level must be reviewed as part of the reporting and receiving agencies' quality assurance process to ensure adequate and timely response and to minimize the likelihood of future incidents of a similar nature. Aggregate information on all incidents at each level must analyzed to identify trends and patterns and potential improvements, as part of the reporting and receiving agencies' quality improvement process.

Acronyms: DFS = Division of Facility Services, DSS = Division of Social Services, GACPD = Governor's Advocacy Council for Persons with Disabilities, HCPR = Healthcare Personnel Registry, LME = Local Management Entity, QI = Quality Improvement

	Reporting Requirements	Reporting Timelines	Responsibilities of Provider	Responsibilities of Host LME	Responsibilities of DMHDDSAS	Responsibilities of Other Agencies
LEVEL I	*Provider reports to:* • Internal incident Mgmt staff • Other agencies as required by law (e.g. law enforcement)	24 hours	Attend to safety & health needs of involved parties Analyze cause(s), correct problem, review in QI process to prevent similar incidents and document incident & response Report to required agencies & individuals within allowed timeframes Report quarterly to host LME aggregate information, trends and actions taken on medication errors, searches & seizures, and restrictive interventions	Review sample of documented responses as part of local monitoring, when determined necessary by the Confidence Assessment Grid. Analyze trends and patterns in Level I medication errors, searches & seizures, and restrictive interventions as part of QI and monitoring planning processes	None	Local law enforcement – investigate legal infractions and take appropriate actions

	Reporting Requirements	Reporting Timelines	Responsibilities of Provider	Responsibilities of Host LME	Responsibilities of DMHDDSAS	Responsibilities of Other Agencies
LEVEL II	*Provider reports to:* • Internal incident Mgmt staff • Other agencies as required by law (e.g. law enforcement) • Host LME Incident Mgmt unit • Home LME (if required by LME contract)	Written report within 72 hours	Attend to safety & health needs of involved parties Analyze cause(s), correct problem, and review in QI process to prevent similar incidents Document incident and response on Form QM02 Report to required agencies & individuals within allowed timeframes	Review provider handling & ensure consumer safety Monitor and provide technical assistance as warranted to ensure that problems are corrected Analyze & respond to patterns of incidents as part of QI and monitoring processes Report aggregate information, trends, and actions taken to DMHDDSAS quarterly Determine if public scrutiny is an issue and ensure Level III report to DHHS as warranted	Analyze & respond to statewide patterns of incidents as part of QI and monitoring LME oversight of response processes Produce statewide incident trend reports quarterly	Local law enforcement – investigate legal infractions and take appropriate actions Local DSS – investigate abuse, neglect, or exploitation allegations and take appropriate actions DFS – investigate licensure infractions and take appropriate actions; HCPR—investigate personnel infractions and take appropriate actions GACPD – analyze trends and advocate as warranted

	Reporting Requirements	Reporting Timelines	Responsibilities of Provider	Responsibilities of Host LME	Responsibilities of DMHDDSAS	Responsibilities of Other Agencies
LEVEL III	*Provider reports to:* • Internal incident Mgmt staff • Other agencies as required by law (e.g. law enforcement) • Host LME Incident Mgmt unit • Home LME • Consumer's legal guardian, where applicable • DMHDDSAS Quality Management Team • DFS Complaint Intake Unit (in cases of death, if service is licensed under G.S. 122-C)	Verbal notification within 24 hours Written report within 72 hours Exception: Deaths within 7 days of restrictive intervention must be reported immediately	Attend to immediate health & safety needs of involved parties Convene an internal review committee within 24 hours to: • Ensure the safety of all concerned • Take action to prevent a reoccurrence of the incident • Create & secure a certified copy of consumer record • Ensure that necessary authorities and persons are notified within allowed timeframes • Conduct a root cause analysis once all needed information is received Analyze cause(s), correct problems and review in QI process to prevent similar incidents Document on state form	Review provider handling to ensure that consumers are safe, certified copy of record is secured, review committee meeting is convened, and appropriate agencies are informed Monitor and provide technical assistance as warranted to ensure that problems are corrected Analyze & respond to patterns of incidents as part of QI and monitoring processes Report aggregate information, trends, and actions taken to DMHDDSAS quarterly	Review LME oversight of providers and follow up as warranted to ensure problems are corrected Analyze & respond to statewide patterns of incidents as part of QI and monitoring processes Produce statewide incident trend reports quarterly Suspend or revoke provider authorization for funding as warranted	Local law enforcement – investigate legal infractions and take appropriate actions Local DSS – investigate abuse, neglect, or exploitation allegations and take appropriate actions DFS – investigate licensure infractions and take appropriate actions HCPR—investigate personnel infractions and take appropriate actions GACPD – analyze trends and advocate as warranted

Appendix C: INTERPRETIVE GUIDELINES FOR FIRST AID

Occupational Safety and Health Administration, 29 CFR 1904.7(b)(5)(ii)

1904.7(b)(5)(ii) **What is "first aid"?** For the purposes of Part 1904, "first aid" means the following:

(A) Using a non-prescription medication at nonprescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength is considered medical treatment for record keeping purposes);

(B) Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment);

(C) Cleaning, flushing or soaking wounds on the surface of the skin;

(D) Using wound coverings such as bandages, Band-Aids(tm), gauze pads, etc.; or using butterfly bandages or Steri-Strips(tm) (other wound closing devices such as sutures, staples, etc., are considered medical treatment);

(E) Using hot or cold therapy;

(F) Using any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping purposes);

(G) Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.).

(H) Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister;

(I) Using eye patches;

(J) Removing foreign bodies from the eye using only irrigation or a cotton swab;

(K) Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means;

(L) Using finger guards;

(M) Using massages (physical therapy or chiropractic treatment are considered medical treatment for record keeping purposes); or

(N) Drinking fluids for relief of heat stress.

1904.7(b)(5)(iii) **Are any other procedures included in first aid?** No, this is a complete list of all treatments considered first aid for Part 1904 purposes.